

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
INDIANA
State/Territory: _____

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

State Name and date of reciprocity from another state
Date of training completion
Date of testing
Name of person giving exam
Facility where training was given
Current employer by Medicare/Medicaid #
All QMA's are identified by coded registry number

OFFICIAL

TN No. 92-12
Supersedes
TN No. -

Approval Date 8-13-92

Effective Date 4/1/92

HCFA ID: